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RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES FOR SHORT-DURATION COUNTRY PROGRAMMES IN THE ASIA REGION*

SUMMARY

The present document contains recommendations for funding from general resources for country programmes with a duration of two years or less that support activities in countries where full-length country programmes are under preparation. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, for the country programmes listed below.

Country/programme	Amount (United States dollars) General resources	Duration
Democratic People's Republic of Korea	1 500 000	1992-1993
Malaysia	1 500 000	1992-1993

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

I. DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Basic data (1990 unless otherwise stated)

U5MR: 35	Child population (0-15 years): 6.7 million
IMR: 26 (1987)	Literacy (male/female): N.A.
GNP per capita: $970	Access to health services: 49 per cent

One-year-olds fully immunized against:

Tuberculosis:	100 per cent
Diphtheria/pertussis/tetanus:	98 per cent
Measles:	98 per cent
Poliomyelitis:	100 per cent

Pregnant women immunized against:

Tetanus:	99 per cent

1. The 1990-1992 country programme of cooperation for the Democratic People's Republic of Korea was approved by the UNICEF Executive Board in April 1989, with a total allocation of $1,050,000 from general resources (E/ICEF/1989/P/L.15). Due to subsequent increases in the annual planning levels, as well as very good implementation rates, resources approved by the Board have been utilized. A two-year country programme proposal is hereby submitted to the 1992 Executive Board to recommend the approval of general resources in the amount of $1,500,000 for the period 1992-1993, subject to the availability of funds. This recommendation will facilitate programme continuity and will provide an appropriate time-frame for the preparation of a longer-term country programme proposal.

The situation of children and women

2. The country is now in the sixth year of its Seven-Year Economic Plan (1987-1993). Reports indicate that a number of the national plan's 10 long-range goals for the 1980s have been postponed to the 1990s due to a slow growth rate. The economy has suffered from a variety of external factors, including world recession, an increase in oil prices and a drastic fall in both the demand for and prices of its mineral exports. There has apparently been no increase in revenue generation in recent years, nor any significant progress regarding the rescheduling of the country's external debt of about $3 billion.

3. The Democratic People's Republic of Korea has recently enhanced its efforts towards diplomatic relations, foreign trade and other sources of foreign income and investments. Both the Democratic People's Republic of Korea and the Republic of Korea were admitted to full membership of the United Nations in September 1990. The Democratic People's Republic of Korea ratified the Convention on the Rights of the Child on 21 September 1990 and the country's Prime Minister formally signed the World Declaration and Plan of

Action for the Survival, Protection and Development of Children at Pyongyang in May 1991. At the Regional Consultation on National Programmes of Action held at Bangkok in July 1991, the delegation of the Democratic People's Republic of Korea stated that efforts will be directed towards improving the standards and quality of programmes and services for children, in cooperation with UNICEF and other United Nations agencies.

4. The social policies of the country accord very high priority to the needs of children. All health services, including prenatal and postnatal care, are free and accessible to all, as are preschool, primary and secondary education.

5. According to the limited data available, the infant and under-five mortality rates are estimated at 26 and 35 per 1,000 live births, respectively; the maternal mortality rate (MMR) is estimated at 41 per 100,000 live births. The practice of breast-feeding appears to be virtually universal for the first six months of life. There have been some reports of mild and moderate malnutrition, with children in the mountain areas more likely to be malnourished than in other areas. Iodine deficiency disorders (IDD) are also believed to exist in the mountain areas. The most common child illnesses reported are diarrhoeal diseases and acute respiratory infections (ARI) such as influenza, bronchitis and pneumonia. Nearly 98 per cent of infants are reported to be fully immunized against the six vaccine-preventable diseases, although there have been some concerns about the quality of vaccines, all of which are produced in the country.

6. The compulsory primary education system, which has achieved full primary school enrolment, comprises 11 years of schooling, including one year of kindergarten. The focus is now on improving the quality of education in the spirit of the Framework for Action to meet Basic Learning Needs adopted by the World Conference on Education For All.

Programme cooperation, 1990-1991

7. One of the major projects under the programme of cooperation was vaccine production. The objectives were to improve the technological aspects of the production and quality control of the combined diphtheria/pertussis/tetanus (DPT) vaccine in order to reach the standards established by the World Health Organization (WHO). UNICEF provided the technical services of a consultant from the Kasauli Research Institute in India; supported technical training, such as study missions to vaccine production and quality control facilities in India, Thailand and China; supported a consultancy to assist in the design of a new building for DPT production and quality control; provided quality control equipment; and secured relevant literature, which has been translated into Korean.

8. For activities in the expanded programme on immunization (EPI), UNICEF provided enough cold boxes to cover national needs, as well as sufficient cold-chain equipment to fully equip two counties.

9. In the area of nutrition, consultancy services and some equipment were provided to the Institute of Child Nutrition (ICN) to motivate and assist the Institute to carry out two surveys, one on the nutritional status of preschool children, and the other, a pilot survey on IDD. Support for the surveys was also aimed at ICN capacity-building through the enhancement of staff skills in survey design and in anthropometric, biochemical, computer and data analysis skills. In this respect, some senior ICN staff underwent training at Mahidol University in Thailand. The results of surveys in Hyangian county are now being analysed. A national edition of Facts For Life has been produced and tested in cooperation with the Democratic People's Republic of Korea's Coordinating Committee for Cooperation with UNICEF. The first edition will be printed in April 1992 and officially launched and distributed shortly thereafter.

Recommended programme cooperation, 1992-1993

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1992	1993	Total
Health	364	300	664
Nutrition	114	150	264
Education	165	150	315
Programme development and advocacy	27	50	77
Programme support	80	100	180
Total	750	750	1 500

Health

10. In the area of immunization, UNICEF will continue to assist the Pyongyang Vaccine Institute to bring DPT vaccine production and quality control up to WHO standards, providing consultancies, training and limited equipment support. The programme will help to sustain universal child immunization (UCI) through support to the Government in improving vaccination techniques and management, strengthening cold-chain management and training EPI personnel. A joint Democratic People's Republic of Korea/UNICEF/WHO review of EPI will be conducted in 1992.

11. In health education, the main intervention will be the mass production and distribution of the country's version of Facts for Life in order to facilitate the dissemination of child health and development messages to parents, communities and the widespread network of local and national staff responsible for the provision of basic services to children and women. UNICEF will support the printing of these books, primarily through the provision of

paper and binding materials. Support will also be given to the development of supplementary materials based on Facts for Life and targeted to special groups.

Nutrition

12. Over two thirds of the country is mountainous, with iodine-deficient soil. The recently completed IDD survey in Hyangsan county will be analysed with assistance from UNICEF consultants, and an appropriate intervention strategy will be determined and implemented. Survey work will continue in other mountain areas in order to determine the scope of the IDD problem.

13. Some 49 per cent of the country's labour force is female. Following three months of maternity leave after a birth, most women return to work. The country has a well-established system of crèches at workplaces, and mothers are encouraged to continue breast-feeding. The weaning period is, however, problematic and may occur at an earlier than optimal age. ICN will carry out a survey at places of work to determine breast-feeding duration in different occupations and to identify strategies to encourage mothers to breast-feed for the appropriate period. In addition, ICN will investigate the local availability of raw materials in rural areas to provide a series of balanced weaning diets that can be locally prepared. UNICEF has stressed readiness to work with ICN on studying weaning practices, assessment of local resources for weaning foods and relevant nutrition education support for home- and community-based weaning food production.

Education

14. The widespread network of over 19,000 government kindergartens places preschool facilities within walking distance of almost every home. Physical facilities appear to be good and the staff well trained. UNICEF will assist efforts to enhance the quality of early childhood development (ECD) and preschool education by facilitating the exposure of educators and teachers to new developments and teaching methods. Support will be provided for study missions and the preparation of appropriate nutrition intervention activities.

15. UNICEF will provide the services of two short-term consultants from the Norwegian Institute of Special Education to train staff of the Video Production Centre for Preschool Education. Efforts to upgrade the level of education at multi-grade branch schools in remote mountain and island communities will also be assisted through support for a study mission to Australia, a related short-term consultancy, teacher training, the provision of some teaching equipment, consultations, experience exchange and a review of national capacity to produce educational toys and games for preschool children.

16. In addition, UNICEF will continue to support the local production of video materials and the provision of video equipment to a limited number of branch schools, along with the evaluation of the effectiveness of these measures. Work will continue on the development of an appropriate support structure for branch schools.

Programme development and advocacy

17. A situation analysis on the status of children and women in the Democratic People's Republic of Korea will be carried out in 1992 with UNICEF support. This will be the first study of its kind in the country, and it will provide the basis for the development of a longer-term country programme of cooperation. In addition, appropriate exchange of experience and information with other countries will be promoted. Efforts will continue to link national systems and staff into regional and international networks, which will provide the experiences, information and technology needed to enhance the quality of services for children.

II. MALAYSIA

Basic data (1990 unless otherwise stated)

U5MR: 29	Child population (0-15) years): 7.2 million
IMR: 22	Literacy (male/female): 87/70 per cent
GNP per capita: $2,277	Access to health services: 96 per cent

One-year-olds fully immunized against:

Tuberculosis:	99 per cent
Diphtheria/pertussis/tetanus:	91 per cent
Measles:	90 per cent
Poliomyelitis:	90 per cent
Hepatitis B:	87 per cent

Pregnant women immunized against:

Tetanus:	71 per cent

18. The country programme for Malaysia for the period 1989-1991 was approved by the Executive Board in 1989, with a general resources ceiling of $1,250,000 (E/ICEF/1989/P/L.20). Due to subsequent increases in the annual planning level, as well as good implementation rates, funds approved by the Executive Board were utilized by the end of 1991. A two-year country programme proposal is hereby submitted to the 1992 Executive Board for funding from general resources in the amount of $1.5 million for the period 1992-1993, subject to the availability of funds. This recommendation will help to meet the immediate shortfall of resources, facilitate programme continuity and provide an appropriate time-frame for the preparation of a long-term country programme of cooperation.

The situation of children and women

19. The year 1990 marked the completion of an important 20-year period in Malaysia's economic history. Perhaps uniquely in the developing world, an environment of high growth coupled with low inflation has been sustained, while remarkable progress towards the eradication of poverty and substantial

improvements in the welfare of children and women have been made. Malaysia's per capita gross national product for 1990 was $2,277. The 1991 United Nations Development Programme (UNDP) Human Development Report placed Malaysia in the high human development category, with an index of 0.802.

20. Although there is no standardized national system of social welfare in the country, comprehensive services for health and education are well established. An estimated 99 per cent of children are enrolled in primary school, with a 97 per cent completion rate. MMR is currently 30 per 100,000 live births, compared to 37 per 100,000 live births in 1985. In 1990, some 71 per cent of pregnant women had been immunized against tetanus, compared to 25 per cent in 1985. Figures from 1990 also indicate that 92 per cent of all deliveries were assisted by trained health personnel, up from 82 per cent in 1985. Eighty per cent of Malaysian mothers currently visit a doctor during the second trimester. The female literacy rate is 70 per cent. The contraceptive prevalence rate in 1987 was 50 per cent. Child-spacing rates differ widely among ethnic/religious groups. The Government does not promote family planning, and there remain substantial variations among the states.

21. Some 8.3 per cent of children born in 1990 weighed less than 2.5 kilograms at birth, compared to 8.8 per cent in 1985. The incidence of IDD in 1983 was estimated at 0.006 per cent of the population. In spite of good coverage indicators, there is still a need for attention to the relatively under-served groups, including those in the so called "estates" and in the fishing sectors, as well as those living in the more remote areas of peninsular and east Malaysia.

Programme cooperation, 1989-1991

22. UNICEF assisted the Ministry of Health with five additional temporary staff for EPI monitoring and community mobilization at the national level. This cooperation focused primarily on reaching the hard-to-reach and promoting sustainability. Strategies to maximize coverage through the health services system were pursued through a national workshop for general hospital matrons and state-level senior medical assistants. In addition to 20 district-level workshops, six regional workshops for district hospital matrons and medical assistants were also conducted. In 1990, four district-level workshops were held in areas with low coverage for the measles vaccine. To achieve and sustain UCI, the monitoring system was strengthened through the provision of computers at national and state levels. Training workshops on computerized data management were developed at the state level. Cold-chain management was further strengthened through seven state-level cold-chain workshops. Further education and information materials, such as radio spots, were developed and aired in 1990 and 1991. Medical professionals, health associations and universities were involved in EPI implementation. These groups were instrumental in reaching least-served children in poor states and urban areas.

23. Facts for Life was introduced in Kuala Lumpur. The Ministry of Health reviewed and drafted country-specific primary messages throughout most of 1991. New chapters will be added to provide messages on hepatitis, ECD and child abuse. UNICEF provided the services of a local consultant to coordinate

the pre-test and final draft, in preparation for printing. The official launching and distribution of the Malaysian edition will take place during 1992, together with the development of the distribution and training strategy.

24. For children in disadvantaged areas, the plan of cooperation was to support the development of a pattern of community participation in the planning, provision and utilization of services for children in Kuala Muda, Kedah. UNICEF was to provide funds for training and the preparation of guidelines and materials. This project stalled because the newly established, child-care centres closed due to non-payment of staff by the district authorities. This long-standing constraint has not yet been overcome. UNICEF has suggested that the project now focus on training mothers in home-based early child care and early childhood stimulation, and that these home-based activities be promoted in one district on a pilot basis.

25. Advocacy and support to policy development are probably the most important areas of UNICEF involvement in a country such as Malaysia. The Socio-Economic Research Unit has completed the first draft of a survey reviewing developments in Malaysia since the International Year of the Child and outlining some possible strategies that might serve as inputs for future policy planning and development for children. UNICEF also assisted the Government in the development of social indicators for the possible establishment of a child monitoring unit. Technical support from other developing countries was provided for this and other purposes. The Prime Minister signed the World Summit Declaration and Plan of Action on the Survival, Protection and Development of Children at Kuala Lumpur in July 1991. The signing was followed by a national-level policy meeting, which endorsed the creation of a national charter for children based on a national programme of action.

Recommended programme cooperation, 1992-1993

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1992	1993	Total
Health	175	150	325
Nutrition	125	150	275
Education	150	150	300
Social development	100	100	200
Social mobilization and advocacy	50	50	100
Programme support	150	150	300
Total	750	750	1 500

26. Programme activities during the period 1992-1993 will be in part a continuation of the existing country programme, with some new elements, mainly in the areas of research, child abuse, safe motherhood and ARI.

Health

27. The objectives of the health project will be to sustain UCI and to produce and disseminate a common body of basic information on child health and development to the general population and relevant government staff.

28. Malaysia achieved UCI in 1990, but coverage still remains low in pockets of the population. Support will be provided for training, programme monitoring and disease surveillance. A Malaysian version of Facts for Life was prepared in 1991 and will be published in 1992. The aim is to provide parents with a limited number of important messages on child health and development, which will reach them in a consistent fashion through all relevant services and media. The Government plans to field-test the primary messages and then develop a first Malaysian edition, to be accompanied by supporting information to reach different sectors of society and for various types of media. Selected training activities for health workers and others such as teachers and community leaders will also be carried out.

Nutrition

29. In the area of nutrition, cooperation will focus on breast-feeding. UNICEF will support training in human lactation management through local workshops and the development of education and media materials to promote breast-feeding. Support will also be provided for growth monitoring, and more rigorous analysis and enforcement of existing legislation affecting the marketing of breast milk substitutes. The establishment of "baby-friendly" practices in hospitals, maternity services and workplaces will be pursued.

30. For growth monitoring, a parent-held health card for each child has been developed under the existing phase of cooperation. Subsequent to pre-testing, the Government is committed to introducing this card on a national scale. A training programme will be carried out on the use of the health card.

Education

31. Training and educational materials will be provided on ECD and early stimulation to train parents, care-givers, teachers and educators. UNICEF will also support the preparation of a standard development scale for Malaysian children. At present, preschool education is available primarily for the affluent, through private schools in the main urban centres. The Ministry of Education is now starting an ambitious programme to provide preschool education through an annex to primary schools, with the long-term objective of eventually admitting children to primary school at the age of six instead of seven years. UNICEF will assist in improving the training of teachers to prepare them to work effectively with this younger age group.

32. With regard to primary education, UNICEF will support efforts to improve the quality of teaching through studies on introducing peer supervision and the use of video aids. The basic primary curriculum currently in use was introduced eight years ago, and includes a component on values education. The

impact of this type of education will be evaluated. Other work will be done to assess school retention rates to identify which children do not complete primary education or do not pass on to secondary education. Malaysia will host an international conference on values education in May 1992.

Social development, mobilization and advocacy

33. A situation analysis on the status of children and women will be carried out in 1992. This will be the basis for longer-term programme development to meet the needs of children and women.

34. UNICEF will support national efforts to raise awareness on child survival, protection and development issues among leaders of non-governmental organizations (NGOs) and in communities throughout the country. Special attention will be given to the situation and needs of the less advantaged segments of society, such as the urban poor, plantation labourers, inhabitants of fishing villages and those living in relatively remote parts of the country. Activities designed to develop systems for monitoring the situation of children on a continuing basis will be supported in order to provide information for policy development and planning. Such activities will contribute to monitoring progress towards the goals for children in the 1990s.

35. A growing community of NGOs in Malaysia is working with the Government to address the protection and development needs of children. The field of child abuse is one area in which such innovation and cooperation has developed in recent years. Under the social development, mobilization and advocacy programme, the relevant government agencies and UNICEF will establish a small project-support fund to facilitate innovative activities at national and local levels. Criteria for such support will be established to ensure that project activities have the potential to demonstrate solutions and provide models for application beyond their initial trial areas.

36. Malaysia is well suited to undertake essential applied research for children. The country has a solid record of accomplishment, as well as a number of research institutes with experience in fields such as public health, education and social programme management. Taking into account the knowledge needed for child survival, protection and development and Malaysia's institutional resources, UNICEF will work with the Government in identifying a short list of applied research topics to be addressed. Special attention will be given to innovation in important areas relating to the achievement of the goals for children in the 1990s.

37. The country also has considerable positive experience in policy development, planning and programme management related to the needs of children. UNICEF will work with the Technical Assistance Programme of the Economic Planning Unit and other agencies in exploring ways in which experiences relating to the goals for children in the 1990s can be shared with other countries, particularly in South-East Asia.